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TRANSNATIONAL SOCIAL SUPPORT FOR OLDER ADULTS BETWEEN MEXICO AND USA

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SUIEU
SEMINARIO UNIVERSITARIO INTERDISCIPLINARIO SOBRE ENVEJECIMIENTO Y VEJEZ
**Bi-national Team Project**  
**(2004-2014)**

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Introduction (1)

• Mexico and United States share the largest border in the world. The historical relationship between both countries has generated transnational support networks between communities, families and groups. Mexico is a transnational country (Portes, 1997; Ariza y Portes, 2008).

• The difficult economic situation of Mexico has derived –among other consequences- in a massive exodus, especially with an international destination: the United States. (Durand & Massey, 2003;)

• Those who migrate usually are young people in the quest of better living conditions for their families. The Mexican family is the center of the social life. (Tuirán, 1993 & 1996 ; Gomes & Montes de Oca, 2004).

• The traditional lifestyle of this society considers that younger generations ought to care and support their elders; especially when they are fragile or vulnerable of looking after themselves (Robles, 2001).
Introduction (2)

• However the migratory phenomenon has modified these patterns leading to the conformation of transnational families. The living conditions of the elderly that remain in Mexico as well as the elderly that remain in the USA depend on the priorities of their relatives in Mexico.

• The quality and quantity of aid, that this population sector receives often is conditioned by the life cycle in which the younger generations overseas find themselves, along with their migratory, social and economic condition in the neighboring country (Montes de Oca & Hebrero, 2005).

• Therefore in this paper we analyze contexts, arrangements and forms that the transnational family has developed their social supports networks in order to provide healthcare to the elderly.
Historical Migration Experiences
Background of Migration History

• Migration between Mexico and United States was very strong during the 20th and 21st centuries.
• Migrations have been marked by the following historical events:
  1) the hitch “El Enganche” (1900-1920),
  2) the Mexican Revolution (1910-1917),
  3) period of repatriation (1930s),
  4) the "Bracero program" (1942-1964),
  5) program of family reunification, which began in 1965,
  6) later by the Amnesty Act (IRCA) in 1980,
  7) the North American Free Trade Agreement (NAFTA) in 1994,
  8) the fall of the towers on 09/11 in 2011 and by Arizona law (SB1070).
Mexico Demographic Context Today

- Demographic aging in Mexico is a challenger for federal and local governments, society and families.

- In Mexico there is an increase the population of 60 and over as a result of the demographic transition. Country has 10 millions of 60+ population (2010) (Inegi, 2010)

- Lower fertility in Mexico (average 2.0 TFR) (Inegi, 2010)

- Lower mortality with consequences in the expectancy of life at birth (75.6 years) (Inegi, 2010)

- But there are new changes in the age structure as an outcome of the migration, with implications in the rural family structure and dynamics of the family support system….There are municipalities with 30% with 60 + (Montes de Oca, 2006)
USA Demographic Context Today

- Demographic aging in USA is more advanced than Mexico.
- In USA 57 millions of population with 60+ (18.6%) (ACS, 2010)
- Latinos are 4.2 millions with 60+ population (ACS, 2010)
- Mexicans are 2.2. millions with 60 + (ACS, 2010)
- Lower fertility in USA (average 2.0 TFR) (UN, 2011)
- Lower mortality with consequences in the expectancy of life at birth (78 years)
- But there are large disparities in health by race and ethnicity; among Mexicans, Whites and African Americans (Angel, Lein & Henrici, 2006)
USA TOTAL POPULATION, 2010

308.7 million

16.3%

50.4 million

63%

31.7 million

FUENTE: U.S. Census Bureau, USA, 2010
MEXICAN POPULATION WHO LIVE IN USA, 2010

31.798 million

37%

11.7 million

20%

1.6 million

FUENTE: U.S. Census Bureau del 2010 & INEGI 2010
Data and Method


• Quantitative Research: State Survey for Older Persons in Guanajuato, 2004. (Montes de Oca, 2005)

• Qualitative Research: Field Work 2004-2005 in 21/46 municipalities in Guanajuato. Focus Groups, Observation Non Participate and Interviews. (Montes de Oca, 2005)

• Qualitative Research: Field Work 2005-2006 in two cities of United States of America: Dallas Texas, and Chicago, Ill. (Montes de Oca, 2005)

• Interview with adults children in USA of older persons in Guanajuato. 20 cases studied. Perceptions and experiences

• Qualitative Research: Follow previous cases field Work 2009-20010 in some municipalities in Guanajuato. New Fieldwork (25 cases) in Zacatecas (Montes de Oca & Sáenz)

• Qualitative Research: Follow previous cases fieldwork 2010 in: Dallas Texas, and Chicago, Ill. New fieldwork (30 cases) in Los Ángeles, California (Montes de Oca & Sáenz)
Access to Healthcare

The position in the labor market and the insecurity generate limited access to healthcare.

Despite the growth of the aged population and the fact that health is regarded as a right in Mexico, free public health services are still not available for the whole population (56.3% had access at 2005).

Today the Popular Insurance (Seguro Popular) have a basic health services, the people have more access.
Access to Healthcare

The U.S. health system is largely private and is supported by a network of private-sector services that range from insurance companies to clinics with associated pharmacies.

To obtain medical services workers typically obtain healthcare insurance through their employers or on individual basis with health clinics or hospitals (Santillanes 2009).
Insurance coverage

In U.S. the Mexican immigrants do not have health insurance coverage. 56 percent of all foreign-born Mexicans in the United States do not have any form of insurance (American Community Survey, 2008 cited in Ruggles et al. 2010).
Insurance coverage

The lack of health insurance is particularly high among Mexican immigrants who first entered the United States less than ten years earlier (72% lack insurance), who are living in poverty (70%), and those who are not naturalized U.S. citizens (64%).

In the case of Mexican immigrant elderly approximately 15 percent do not have healthcare insurance. However, 57 percent of those who first arrived in the United States less than ten years earlier lacked insurance.
Aging and Migration in Mexico

• The population residing in rural areas represents 23% in Mexico, 10% of them are elderly. While in urban areas accounts for 8.9% (INEGI, 2010).

• Some states in Mexico with high migration intensity are experimenting a double aging process: 1) decreased fertility and the younger population are out migrants (aging in the bottom); 2) the extension in the life expectancy for the low mortality increasing the number of the older persons (Aging at the top) (Ramírez, 2010).

• Since 2000-2010 some traditional migrants state presents an ageing process as result of the outmigration (vgr. Zacatecas, Michoacán & Oaxaca) (Ramírez, 2010).

• In Guanajuato, Jalisco, Oaxaca, Guerrero and Puebla, much of the population emigrated at very young ages, resulting in atypical demographic ageing, in which the population is composing of adult women, old men and children (Ramírez, 2010).
Ageing Index, 2010.

Zacatecas: 26-29.9 persons with 60 + for 100 < 15 años

Guanajuato: 20-26 persons with 60 + for 100 < 15 años

*Población de 60 años o más dividida por la población menor de 15 años (por cien)
Fuente: Estimaciones y proyecciones del Consejo Nacional de Población, diciembre de 2002.
Guanajuato Demographic Context

5 million of population in Guanajuato

In Guanajuato come out 32 thousands persons each year.

Guanajuato, represents the fourth state with residents in United States born in the second half in last century.

In the Guanajuato households, 34% have at least one familiar migrant.

Map 1. Guanajuato. Municipalities with Migration Intensity Index and percentage of 60+ (2005)
Zacatecas

Demographic Context

1.5 million of population in Zacatecas

Zacatecas is the first place at the national level in the migratory intensity index (CONAPO 2002c)

23.3% of households have migrants

First place in reception of remittances in all the country


Economic security in the old age

Only one person between five older persons have pension for social security. This relation is worse in rural areas. The older persons have to work in the labor market to make themselves economically secure. But informal support is the most important arrangements for the quality of life in old age. In poor rural areas, remittances from family in the USA are extremely important. However, the risks associated with migration puts in danger the potential economic support for the older people residing in Mexico.
The role of remittances in old age

Remittances are significant but have little impact in the quality of life of the older persons. The economic support of the remittances depend on the frequencies in which they are delivered. The longer a person remains in the USA the remittances delivery decrease. The politics between Mexico and USA have direct impact for the migrants and their families.
### Factors that impact health, ageing and social support in USA

#### Factors influencing the aging process of migrants in Mexico and the U.S.

<table>
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<th>Historical Time Period</th>
<th>Stages of Migration</th>
<th>Type of Migration</th>
<th>Work Activity</th>
<th>Insurance</th>
<th>Lifestyle</th>
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<tr>
<td>1945-1964</td>
<td>Bracero Program</td>
<td>Documented migration, temporary, circular migration, safe border, option of return migration</td>
<td>Secure job, secure income in the USA, low-income job in the field in México</td>
<td>Medical care in México and USA, use of traditional and Western medicine,</td>
<td>Family in México, English is not essential, social networks in locations of origin</td>
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<td>1965-1986</td>
<td>Post-Bracero until IRCA</td>
<td>Undocumented migration, low circularity, risks at the border, longer residence time, low option of return migration</td>
<td>Job insecurity, poor working conditions, occupational hazards, unsafe entry</td>
<td>No medical care, use of traditional medicine</td>
<td>English is essential, more training of skills, stress, change in lifestyles, discrimination, family in México and USA</td>
</tr>
<tr>
<td>1987-2012</td>
<td>Post-IRCA until today</td>
<td>Undocumented migration</td>
<td>Job Insecurity</td>
<td>No medical care, Self-medication, Use of traditional medicine</td>
<td>English language required, Increased demand for skills, Assimilation, Stress, Change in lifestyles, Discrimination, Persecution and violation of human rights, Family in México and USA, Limited social networks in Mexico and USA, Mass Deportations</td>
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Source: Montes de Oca, V. et al, 2011
Transnationalism

• Those who live within transnational social fields are exposed to a set of social expectations, cultural values, and patterns of human interaction that are shared in more than one social, economic and political system (Levitt, 2001).

• "They are not neither here nor there", are in both communities, or it is a transnational community (Smith, 2002).

• Transnationalism is a phenomenon from bottom on economic, political and socio-cultural areas. Transnational communities constitution from the bottom up, from local to transnational, from the popular solidarity to trans-individual emergency (Portes, 1997).
Transnational Families

The concept of Transnational Family used here derives from the extended family concept. This is understood as the family unit, which includes not only the children and parents, but also the grand parents, uncles, cousins and grand children as a possible way of relation or connection between the places of origin and the one of destination of the migrants.
Transnational Family

• The transnational family is considered as:
  The family units usually working on extended basis that live in both sides of the Mexican-US border. Although usually the migrants make important efforts to become integrated, and feel part of the welcoming society, that does not mean they break ties with their values, customs, traditions and beliefs related to the society of origin. On the contrary they continue to participate actively in their original communities.
Changes in Transnational Environments
Transnational Transportation

- In Ocampo, Gto. Mex
- In Oak Cliff, Dallas USA
Transnational Communities Networks

Civic and religious ceremonies in the community sustain the transnational social networks between Mexico and United States.

Regularly the communities receive migrants from different places of the United States that are visiting their communities of origin. The families going, the older people share together each year: stories, news, memories, etc..

Video in a rural community in Zacatecas (VMO)
Transnational Communities Networks

Video: Religious Ceremony in Zacatecas (VMO)
Some general factors associated with aging and social support ...

- The separation of the family although it is claimed to improve the living conditions of the household usually result on stressful living conditions for all members.
- This is accentuated when the migrants live and work without documents of residence in the United States.
- All of these models rely on networks to function better.
Three types of aging associated to migration

1. *Those who are left behind.* The older people who live in their original communities on permanent or almost permanent basis

2. Those elders who were migrants themselves and have their place of residence in the same place as their migrant children have

3. The ones who alternate their place of residence between the place of origin and the one where their children live. We have denominated this group as “Golondrinos” or “swallows”.


1. Those who are left behind...

- Usually impossibility to migrate
- Health
- Legal issues
- Attachment to the hometown and fear to go to other environment
- The possible hassle for their children (burden)
- Language
Don Fernando in Ocampo, Gto.
2. The elderly who migrate

- They usually have worked in the United States
- They tend to have a legal residence permit
- Most of their income comes from their American pension or children income in the United States
- They tend to be elder women, who are alone, or tend to take care of the grandchildren

Return Migrant in Guanajuato

Bracero Migrant in Zacatecas
3. The swallows (Los golondrinos)

- This group has got enough income and profits to afford having a residence in the United States and in Mexico.
- They usually spend sometime in the community of origin and some time in the United States, preference in summer or in winter.
- They usually have a legal residence (vgr. under the Amendment of Family of the Migration Law of the United States).
- They tend to obtain the best of their two residence, weather, family ties, attachment, transferences...
Common characteristics

• These categories of aging give us a fair idea of how the population of rural areas of Guanajuato or Zacatecas are dealing with the process and what provisions and forms this is taking.

• This also shows us how the transnational social support (families) are organized to help out and integrate this population to their lives, although this may happen on the distance.

• They support their existence throughout different networks

• Some people tend to lose their relation with the origin family, include the older parents.
Conclusions

• If we are to consider that the migrants usually understand by improving living conditions, staying in their place of origin and changing their lives as little as possible, we can observe that eventually, that seldom happens.

• The dream or ideal of migrating temporarily to make a seed capital and to come back and live in their communities with their extended families, is not really happening. The large numbers of migrants that exist today due to the Mexican economic conditions (especially in rural areas) and the ever increasing complicated conditions to cross the border, make the idea of visiting Mexico on a regular basis more difficult. Therefore, the idea of migrating on temporary basis is becoming less possible.
Conclusions

The changes on migrating conditions demands changes in the organizational patterns of the families and their social supports. As we have discussed there exist different ways of organizing the family unit and the patterns they find to support and aid each other.

These patterns of organization have variations depending on the ways each family has evolved, the quantity of their members, the sort of relations and possibilities of networking they have and the vital issue of having documents to work and live “legally” in the United States.
Conclusions

We find that these issues shape the living conditions families can adopt, but especially the elderly. The important transformation that the life of these people go through implies a high level of emotional stress for all the members of the family, but through the findings we identified a lot of illnesses among the elderly population, related to emotional stress.

We are aware that the separation of the families is not the only reason for these illnesses to develop, but the sorts of illnesses these elders are developing in the rural and urban setting.
Conclusions

Therefore, although the migrants have organised important networks to improve their living conditions on both sides of the border, the ideal of achieving the American dream or at least having their share (back in their community) is not really taking place, not in economic terms and neither on social or emotional ones.

The ideal of migrating to improve the living conditions of the family is not happening; moreover, the family ties tend to weaken and sometimes even disappear. As a consequence, more often than not, migration may solve an economic need. However this produces important voids in different areas of the communal and family life, to the extent of transforming fully the shape of the communities and families, usually not for the better.


Thanks you for your attention!

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